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PATENT

Attorney Docket No. **CCF-6448NP**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of Inventor(s): **Jose L. Navia; Jose Antonio Navia; and Jorge Luis Jordana**

For (title): **APPARATUS AND METHOD FOR AUTO-RETROPERFUSION OF A CORONARY VEIN**

Enclosed are:

1. Papers Required for Filing Date Under 37 CFR 1.53(b):

20 Pages of specification
1 Pages Abstract
7 Pages of claims
10 Sheets of drawing

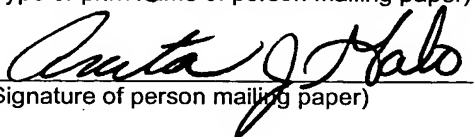
☒ formal (Figs. 1-14)
☐ informal

In addition to the above papers there is also attached: **An Information Disclosure Stmt (2 pgs.); PTO-Form 1449 (1 pg.); Referencing ELEVEN (11) references; and enclosing ONE (1) reference.**

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date **February 25, 2004** in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number **EU-712715525US** addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo
(Type or print name of person mailing paper)


(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (Not Executed)
- ☐ Not Enclosed.

3. Language:

- ☒ English
- ☐ Non-English
- ☐ A verified English translation of the
- ☐ specification and claims
- ☐ declaration
- is attached.

4. Assignment:

- ☒ An assignment of the invention to The Cleveland Clinic Foundation
- ☐ is attached.
- ☒ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

(Country) (Appln. No.) (Filed)

from which priority is claimed

- ☐ is attached
- ☐ will follow

6. **Fee Calculation:**

(Small entity filing fee is 50% normal fee)

CLAIMS AS FILED			
Number Filed	Number Extra		Rate
			Basic Fee
			\$ 385.00
Total Claims	26	-20 =	6 X \$ 9.00
			54.00
Independent Claims	3	- 3 =	0 X \$ 43.00
			0.00
Multiple dependent claim(s), if any			0 + \$145.00
			0.00

- ☐ Amendment canceling extra claims enclosed
- ☐ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$439.00**

7. **Small Entity Statement**

- ☒ The present application will be assigned to and is being filed on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27(a)(3) (tax exempt organization) for purposes of paying reduced fees.

8. **Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee **\$439.00**
- ☐ assignment recordal fee \$ _____
- ☐ for processing an application with a specification in a non-English language \$ _____

Total fees enclosed \$439.00

9. **Method of Payment Fees:**

- ☒ check in the amount of **\$439.00** enclosed.
- ☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

10. **Instructions As to Overpayment:**

- ☒ refund

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SIGNATURE OF ATTORNEY, REG. NO. 40,871

Richard S. Wesorick

Type or print name of attorney